

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #:	21-0384
Date:	11-17-21
Amount Paid:	\$870.00 LV 175.00 TBA
Other:	
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED	<input checked="" type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:	JAMES E. PEDERSON	Mailing Address:	SAMS	City/State/Zip:		Telephone:	
Address of Property:	85702 BARK RIVER RD	City/State/Zip:	CLOVER, WI 54844			Cell Phone:	218-428 9916
Email: (print clearly)						Plumber Phone:	715 372 4156
Contractor:	OWNER	Contractor Phone:	JAME	Plumber:	TOMY POLKOSKI	Written Authorization Required (for Agent)	
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):			
PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID#	11589	Recorded Document: (Showing Ownership)	20202	580705	
NW 1/4, NE 1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	CSM Doc #	Lot(s) #	Block #
Section 14	Township 50	N, Range 7	W	Town of:	Clover	Lot Size	Acreage 40

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$ 290,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: Holding Tank	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Slab	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type:	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/>	<input type="checkbox"/> Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Year Round	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
					<input type="checkbox"/> None	

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length: 52	Width: 37	Height: 18

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property)	(52 X 37)	1929
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(X)	
	with Loft	(X)	
	with a Porch	(4 X 6)	24
	with (2nd) Porch	(X)	
<input type="checkbox"/> Commercial Use	with a Deck	(8 X 10)	80
	with (2nd) Deck	(X)	
	with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/> Mobile Home (manufactured date)	(X)	
	<input type="checkbox"/> Addition/Alteration (explain)	(X)	
	<input type="checkbox"/> Accessory Building (explain)	(X)	
	<input type="checkbox"/> Accessory Building Addition/Alteration (explain)	(X)	
	<input type="checkbox"/> Special Use: (explain)	(X)	
	<input type="checkbox"/> Conditional Use: (explain)	(X)	
<input type="checkbox"/> Other: (explain)	(X)		

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 10-12-21

Authorized Agent:
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date

Address to send permit

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Turn Over



In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of:

(2) Show / Indicate:

(3) Show Location of (*):

(4) Show:

(5) Show:

(6) Show any (*):

(7) Show any (*):
- Proposed Construction

North (N) on Plot Plan

(*) Driveway and (*) Frontage Road (Name Frontage Road)

All Existing Structures on your Property

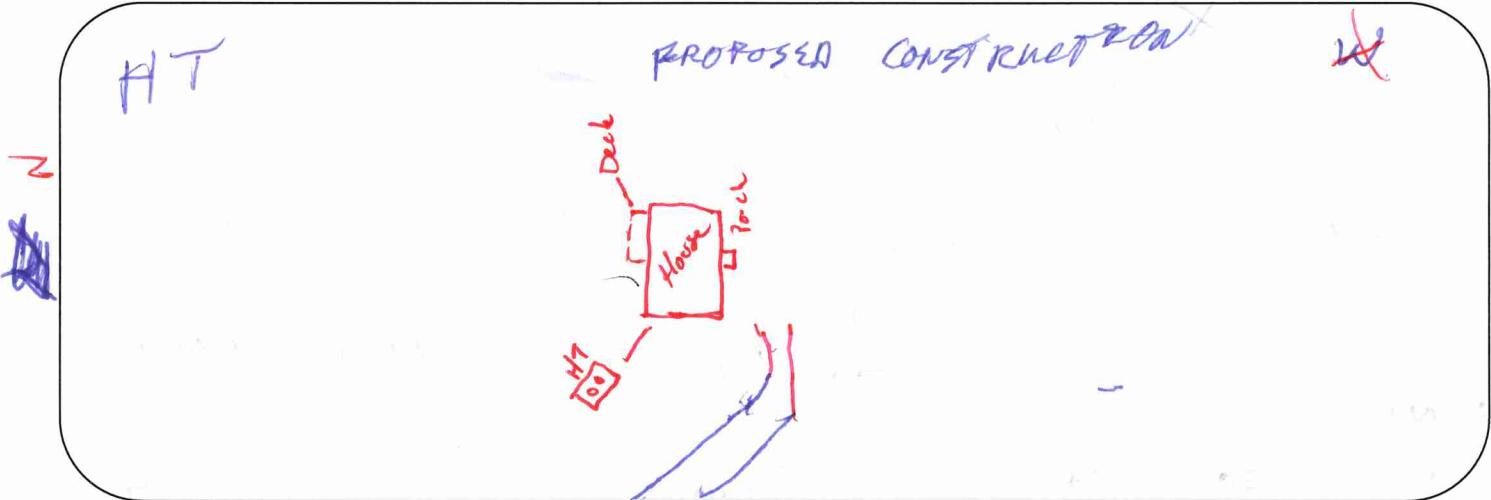
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(*) Wetlands; or (*) Slopes over 20%

Fill Out in Ink – NO PENCIL

~~N~~ E



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) **Setbacks:** (measured to the closest point)

Description	Setback Measurements		Description	Setback Measurements
Setback from the Centerline of Platted Road	117 Feet		Setback from the Lake (ordinary high-water mark)	— Feet
Setback from the Established Right-of-Way	150 Feet		Setback from the River, Stream, Creek	— Feet
			Setback from the Bank or Bluff	— Feet
Setback from the North Lot Line	520 Feet			
Setback from the South Lot Line	715 Feet		Setback from Wetland	50 Feet
Setback from the West Lot Line	150 Feet		20% Slope Area on the property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	1060 Feet		Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	20 Feet		Setback to Well	Feet
Setback to Drain Field	— Feet			
Setback to Privy (Portable, Composting)	— Feet			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s): All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)		Sanitary Number: 21-995	# of bedrooms: 4	Sanitary Date: 7-22-21	
Permit Denied (Date):		Reason for Denial:			
Permit #: 21-0384		Permit Date: 11-17-21			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:			
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Inspection Record: Site cleared and sand lift installed. Inspection done while holding tank was installed.				Zoning District (F1) Lakes Classification (—)	
Date of Inspection: 10-19-21		Inspected by: Todd Norwood		Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.) Must obtain a Uniform Dwelling Code (UDC) permit from the locally contracted UDC inspection agency prior to start of construction. Must meet and maintain setbacks.					
Signature of Inspector: Todd Norwood				Date of Approval: 11-15-21	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>	

TOWN BOARD RECOMMENDATION - - (CLASS A - SPECIAL USE)

When **Town Board** has completed this form, please mail to:

Bayfield County Planning and Zoning Department
P.O. Box 58 – Washburn, WI 54891
Phone – (715) 373-6138
Fax – (715) 373-0114
e-mail: zoning@bayfieldcounty.org

NOV 12 2021

Website: www.bayfieldcounty.org/147
Bayfield Co. Planning and Zoning Agency

Date Zoning Received: (Stamp Here)

OCT 12 2021

Bayfield Co. Planning and Zoning Agency

Property Owner(s) are responsible to give this form to the Town Clerk. Attach a copy of the County Application (8 1/2 x 14) [front/back]. This is a **Class A** special use request. **Note:** The Town's **Planning Commission** meets prior to the Town. Once the Town meets they will forward their recommendation to the Planning and Zoning Department. **Ask Town if you should be present at their meeting(s).**

Property Owner JAMES E PEDERSON Contractor OWNER
Property Address 8570D BARK REVER Authorized Agent _____
ROAD CLOVER WI 54844 Agent's Telephone _____
Telephone 218-428-9916 Written Authorization Attached: Yes () No ()

Accurate Legal Description involved in **this request** (specify **only** the property involved with this application)

NW 1/4 of NE 1/4, Section 14, Township 50 N., Range 7 W. Town of Clover

Govt. Lot _____ Lot _____ Block _____ Subdivision _____ CSM# _____

Volume 20202-580705 Page _____ of Deeds Tax ID# 11589 Acreage 40

Additional Legal Description: _____

Applicant: (State what you are asking for) Residence in Forestry Zoning Zoning District: F1 Lakes Classification _____

We, the Town Board, **TOWN OF** Clover, do hereby recommend to

☐ Table

☒ Approval

☐ Disapproval

Have you reviewed this for Compatibility with the Comprehensive and/or Land Use Plan: ☒ Yes ☐ No

Township: (In detail clearly state Town Board's reason for recommendation of tabling, approval or disapproval)

Single family dwelling consistent w/ goal 5 of Comprehensive Plan

**** THE FOLLOWING MUST BE INCLUDED WITH THIS FORM:**

1. The Tabled, Approval or Disapproval box checked
2. The Town's reasoning for the tabling, approval or disapproval
3. The form returned to Zoning Department **not a copy or fax**

**** NOTE:**

Receiving Town Board approval, **does not** allow the start of construction or business, you **must** first obtain your permit card(s) from the Planning and Zoning Department.

Revised: November 2017

Signed:

Chairman: Dale Fuller

Supervisor: John Walker

Supervisor: John Stenwedel

Supervisor: Thyl Johnson

Clerk: Heidi of Kellerman

Date: 11/10/21

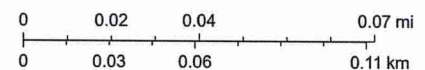
Bayfield County, WI



10/25/2021, 11:42:22 AM

- Wetlands
Rivers
Meander Lines
Approximate Parcel Boundary
Section Lines
Municipal Boundary
- All Roads
Town
Building Footprint 2009-2015
Existing
Driveways
Buildings

1:1,566



Bayfield

Real Estate Bayfield County Property Listing

Today's Date: 10/25/2021

Property Status: Current

Created On: 3/15/2006 1:15:12 PM

**Description**

Updated: 10/15/2021

Tax ID: 11589
PIN: 04-014-2-50-07-14-1 02-000-10000
 Legacy PIN: 014104406000
 Map ID:
 Municipality: (014) TOWN OF CLOVER
 STR: S14 T50N R07W
 Description: NW NE IN DOC 2021R-591275 336
 Recorded Acres: 40.000
 Calculated Acres: 38.386
 Lottery Claims: 0
 First Dollar: No
 Zoning: (F-1) Forestry-1
 ESN: 109

**Tax Districts**

Updated: 3/15/2006

1 STATE
 04 COUNTY
 014 TOWN OF CLOVER
 044522 SCHL-SOUTHSHORE
 001700 TECHNICAL COLLEGE

**Recorded Documents**

Updated: 3/15/2006

QUIT CLAIM DEED

Date Recorded: 10/4/2021 2021R-591275

LAND CONTRACT

Date Recorded: 1/21/2020 2020R-580705

WARRANTY DEED

Date Recorded: 5/25/2016 2016R-563699 1160-869

CONVERSION

Date Recorded: 475-17;682-48

**Ownership**

Updated: 1/22/2020

JAMES E PEDERSON

DULUTH MN

Billing Address:

JAMES E PEDERSON
 PO BOX 16554
 DULUTH MN 55816

Mailing Address:

JAMES E PEDERSON
 PO BOX 16554
 DULUTH MN 55816

**Site Address** * indicates Private Road

85900 BARK RIVER RD HERBSTER 54844

**Property Assessment**

Updated: 7/13/2017

2021 Assessment Detail

Code	Acres	Land	Imp.
G6-PRODUCTIVE FOREST	40.000	48,000	0

2-Year Comparison

	2020	2021	Change
Land:	48,000	48,000	0.0%
Improved:	0	0	0.0%
Total:	48,000	48,000	0.0%

**Property History**

N/A

Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY – **21-98S**
SIGN –
SPECIAL – **TBA** (Town of Clover-11/12/2021)
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **21-0384** Issued To: **James Pederson**

Location: **NW** ¼ of **NE** ¼ Section **14** Township **50** N. Range **7** W. Town of **Clover**

Gov't Lot Lot Block Subdivision CSM#

Residential

For: **Residence: [1-Story], Residence (52' x 37'); Porch (4' x 6'); and Deck (8' x 10') at a Height of 18 feet.**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **Must obtain a Uniform Dwelling Code (UDC) permit from the locally contracted UDC inspection agency prior to start of construction (if required). Must meet and maintain setbacks.**

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Todd Norwood, AZA

Authorized Issuing Official

November 17, 2021

Date

**Town, City, Village, State or Federal
Permits May Also Be Required**

LAND USE - X
SANITARY - 21-165S
SIGN -
SPECIAL - NA
CONDITIONAL -
BOA -

BAYFIELD COUNTY PERMIT

**WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION**

No: 07212101-2021

Tax ID: 11669

Issued To: PETER F SPOONER

Location: W 1/2 NW NE IN V.502 P.31
406A

Section 18

Township 50 N.

Range 07 W.

CLOVER

Govt Lot 0

Lot

Block

Subdivision:

CSM#

For: Residential / Residence / 30L x 20W x 20H, Deck: 30L x 6W x 1H

Condition(s): Must obtain a Uniform Dwelling Code (UDC) permit from the locally contracted UDC inspection agency prior to start of construction. Must meet and maintain setbacks. Proposed house must be at least 150ft from the existing house. Existing house is 40ft to centerline of driveway and meets requirements for an easement road if parcels are ever subdivided.

Note: Contractor not Konrad Gaugler per applicant.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Todd Norwood

Authorized Issuing Official

Tue Nov 30 2021

Date

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any conditions are violated.

**Town, City, Village, State or Federal
Permits May Also Be Required**

LAND USE - X
SANITARY - 21-166S
SIGN -
SPECIAL - NA
CONDITIONAL -
BOA -

BAYFIELD COUNTY PERMIT

**WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION**

No: 09092101-2021

Tax ID: 12116

Issued To: PAUL E CLASEN TRUST
AGREEMENT

Location: PAR IN GOVT LOT 1 IN V.361 Section 33 Township 51 N. Range 07 W. CLOVER
P.334 712 (PAUL E CLASEN & CYNIA L
JONES TRUST AGREEMENTS DTD
3/21/01)

Govt Lot 0	Lot 0	Block 0	Subdivision:	CSM#
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For: Residential / Residence / 52L x 14W x 13H, Porch: 8L x 16W x13H

Condition(s): Must obtain a Uniform Dwelling Code (UDC) permit from the locally contracted UDC inspection agency (Robert Lietha @ 218-393-6482) prior to start of construction. Must meet and maintain setbacks. Must be at least 63ft from centerline of Bark Point Road.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any conditions are violated.

Todd Norwood

Authorized Issuing Official

Tue Nov 30 2021

Date

